

1. NAME (Last, first, middle initial) [REDACTED]	2. DATE OF BIRTH [REDACTED]	3. SEX [REDACTED]	4. RACE [REDACTED]	5. HEIGHT [REDACTED]	6. WEIGHT [REDACTED]	7. BLOOD TYPE [REDACTED]	8. SOCIAL SECURITY NUMBER [REDACTED]	9. MARITAL STATUS [REDACTED]	10. OCCUPATION [REDACTED]	11. EDUCATION [REDACTED]	12. RELIGION [REDACTED]	13. POLITICAL AFFILIATION [REDACTED]	14. MILITARY SERVICE [REDACTED]	15. CRIMINAL RECORD [REDACTED]	16. PSYCHIATRIC HISTORY [REDACTED]	17. SUBSTANCE ABUSE HISTORY [REDACTED]	18. CURRENT MEDICATIONS [REDACTED]	19. ALLERGIES [REDACTED]	20. PHYSICAL EXAMINATION [REDACTED]	21. LABORATORY TESTS [REDACTED]	22. X-RAY RESULTS [REDACTED]	23. DIAGNOSIS [REDACTED]	24. TREATMENT PLAN [REDACTED]	25. PROGNOSIS [REDACTED]	26. FOLLOW-UP [REDACTED]	27. PATIENT SIGNATURE [REDACTED]	28. PHYSICIAN SIGNATURE [REDACTED]	29. HOSPITAL ADMISSION [REDACTED]	30. DISCHARGE SUMMARY [REDACTED]	31. REFERRAL LETTER [REDACTED]	32. CONSULTATION REPORT [REDACTED]	33. SURGICAL REPORT [REDACTED]	34. PATHOLOGY REPORT [REDACTED]	35. RADIOLOGY REPORT [REDACTED]	36. LABORATORY REPORT [REDACTED]	37. PHYSICIAN'S NOTE [REDACTED]	38. NURSE'S NOTE [REDACTED]	39. SOCIAL WORKER'S NOTE [REDACTED]	40. PSYCHOLOGIST'S NOTE [REDACTED]	41. DIETITIAN'S NOTE [REDACTED]	42. PHARMACEUTICIST'S NOTE [REDACTED]	43. PHYSIOLOGIST'S NOTE [REDACTED]	44. OCCUPATIONAL THERAPIST'S NOTE [REDACTED]	45. SPEECH THERAPIST'S NOTE [REDACTED]	46. AUDIOLOGIST'S NOTE [REDACTED]	47. OPTOMETRIST'S NOTE [REDACTED]	48. DENTIST'S NOTE [REDACTED]	49. VETERINARIAN'S NOTE [REDACTED]	50. OTHER HEALTHCARE PROVIDER'S NOTE [REDACTED]
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<b>A</b>	<b>Appeal</b>
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